

LONG-TERM DUAL ANTIPLATELET THERAPY: CONTROVERSY CONTINUES



E Martínez Ruiz¹, P Tardáguila Molina¹, I Corredor Martiarena², GI Casarrubios Lázaro¹, I Mendoza Acosta¹. Pharmacy Department¹, Hospital Emergency Department². Guadalajara University Hospital, Guadalajara, Spain

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BACKGROUND AND IMPORTANCE

Long-term dual antiplatelet therapy (DAPT) is one of the most researched therapies that involves the combination of acetylsalicylic acid (ASA) and platelet adenosine diphosphate receptor inhibitor (P2Y₁₂). The main indication for DAPT is prevention of coronary events after an acute coronary syndrome (ACS) or after a percutaneous coronary intervention (PCI) but in practice, there is a confusion around. Recommendations indicate that DAPT can be maintained over a year depending on the ischemic and hemorrhagic risk of each patient.

AIM AND OBJECTIVES

The aim of this study was investigate DAPT indications and risk factors related to extending this therapy for over a year despite the fact that suspension of one antiplatelet drug was indicated (medication discrepancies).

MATERIAL AND METHODS

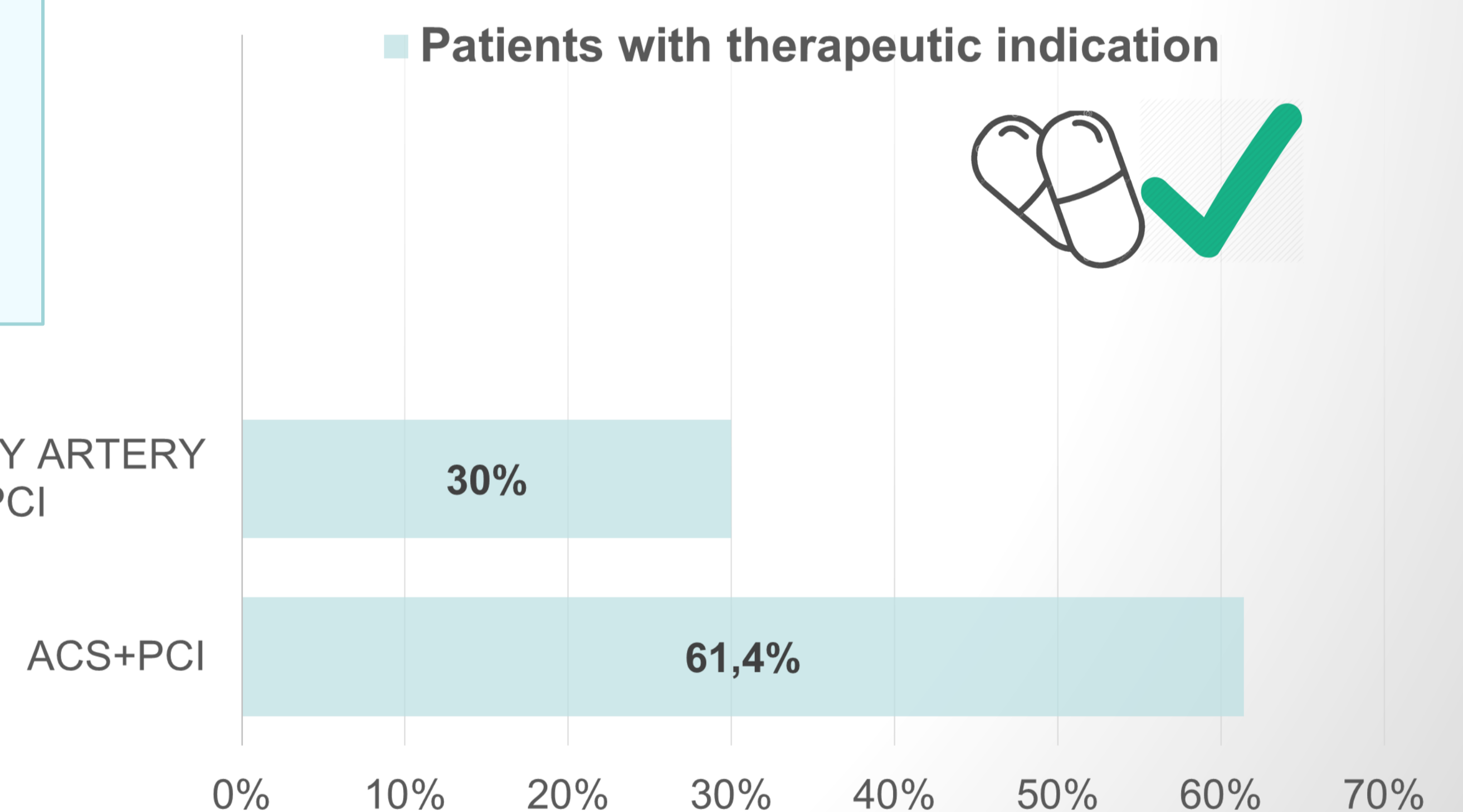
Of a total number of 221 patients with DAPT from January 2009-2020, this observational and retrospective study was based on a simple random sampling including 33% of the total of patients.

- ✓ Data were obtained by review of electronic medical records.
- ✓ Variables collected: demographic, clinical services, DAPT indication, drugs used, durability, risk factors of extending DAPT and medication discrepancies.

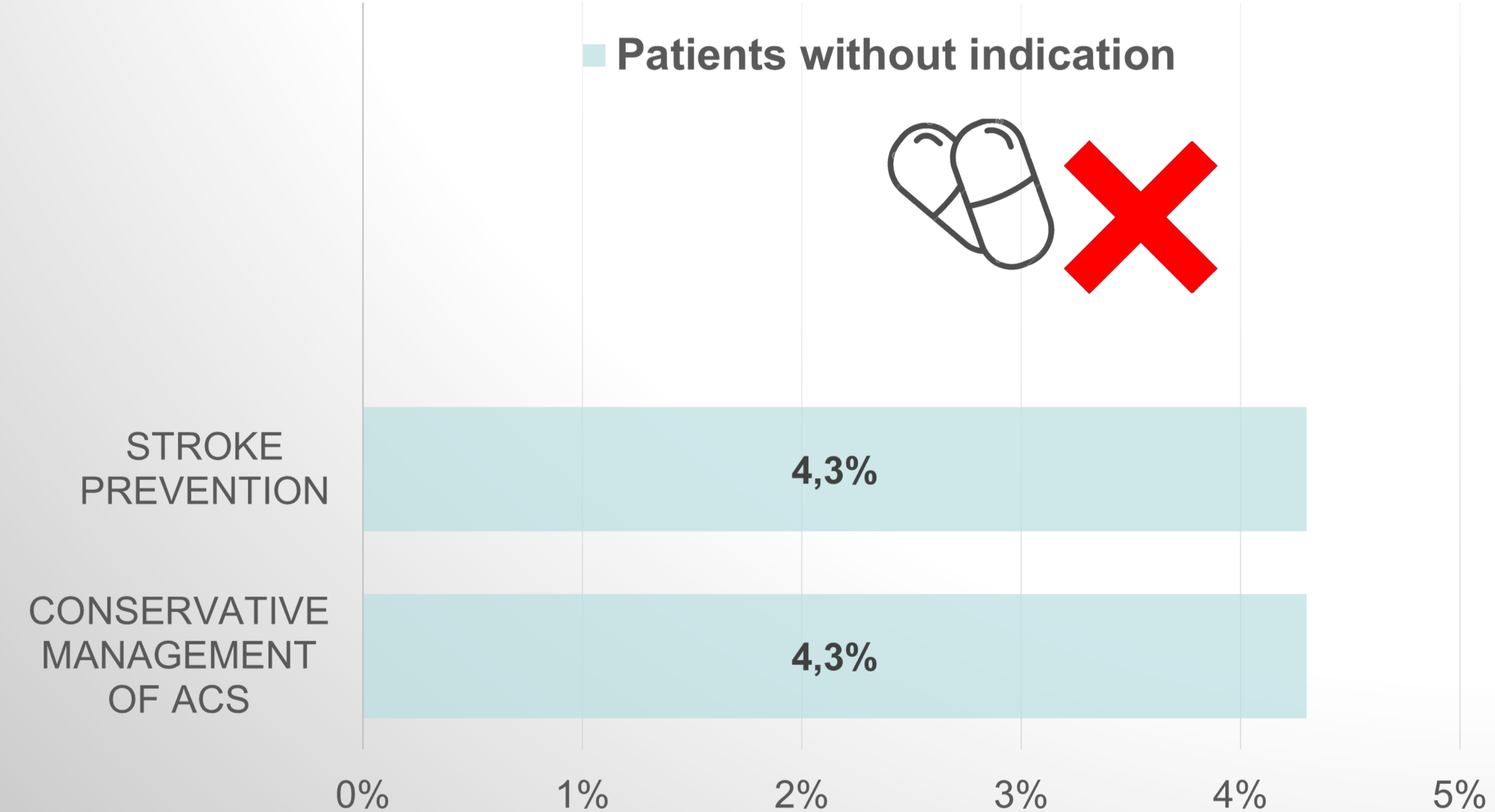
RESULTS

- Final analyses with 70 patients.
- Median age 69 years (IQR:63-78).
- 88.6% men.
- Median of years with DAPT was 6.5 (IQR: 3-11).
- Prescribing clinical services: 84.3% cardiology, 5.7% vascular surgery and 10% others.
- 87.1% treated with ASA+clopidogrel, 10% with ASA+ticagrelor and 2.9% others.

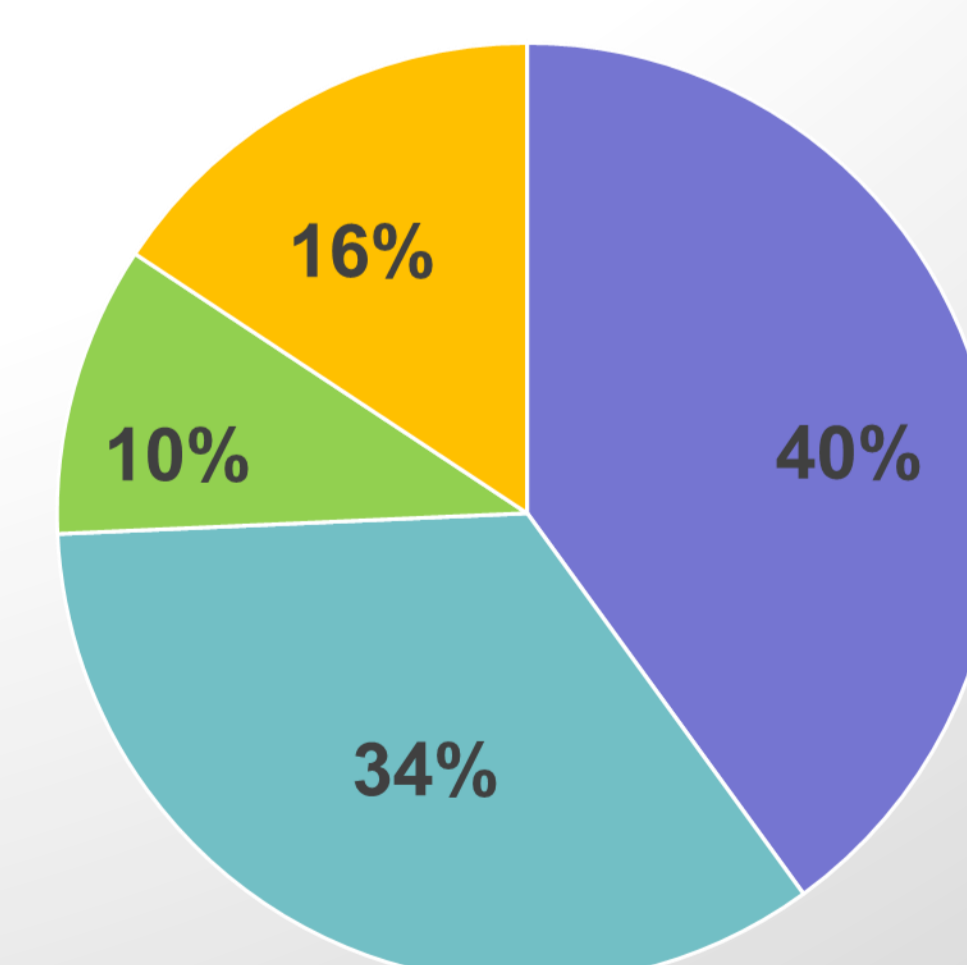
✓ 91.4% of patients had indication for use DAPT.




✓ 8.6% of patients had no indication for DAPT.



Risk factors justify long-term therapy



- PREVIOUS ACUTE MYOCARDIAL INFARCTION
- MULTIVESSEL CORONARY ARTERY DISEASE
- RECURRENT ISCHEMIC EVENTS
- OTHERS

✓ 8.6% of patients had medication discrepancies. 

CONCLUSION AND RELEVANCE

- ✓ Many patients had indication for DAPT at the beginning of treatment and had risk factors that justify long-term DAPT but duration was not evaluated.
- ✓ It is necessary a multidisciplinary team to manage this therapy, considering risk-benefit of each patient.

ATC code: 4. Historical research